

**Child and Adult Care Food
Program
FAMILY DAY
CARE HOMES
July 2005 through June 2006**

Administrative Worksheet

Local Agency Name _____ Claim for Month of _____ Yr _____

STEP I Administrative Budget and Actual Cost

	BUDGET	ACTUAL COST		
	APPROVED YEARLY TOTAL	BALANCE FORWARD	CURRENT MONTH	TOTAL YEAR-TO- DATE
Administrative Labor				\$0.00
Mileage, Meal, and Lodging Allowance				\$0.00
Office Supplies				\$0.00
Printing				\$0.00
Outreach				\$0.00
Office Equipment				\$0.00
Computer Equipment				\$0.00
Postage				\$0.00
Car Rental for Facility Monitoring				\$0.00
CACFP's Share of: Office Rental & Maintenance				\$0.00
CACFP's Share of: Utilities				\$0.00
Consultant Services				\$0.00
Provider Training				\$0.00
Staff Training and Development				\$0.00
Insurance				\$0.00
CACFP's Share of Miscellaneous				\$0.00
Total Administrative Cost Before Program Income	\$0.00			\$0.00
Less Program Income				
Net Administrative Cost		\$0.00	\$0.00	\$0.00
	10	8a	8b	8c

Carry totals to Claim Form Part C

STEP II Current per Home Reimbursement

	Number	x	Rate	=	Total
Initial 50 day care homes		x	\$91.00	=	\$0.00
51-200 day care homes		x	\$69.00	=	\$0.00
201-1000 day care homes		x	\$54.00	=	\$0.00
Each additional day care home		x	\$48.00	=	\$0.00
Total Number of Day Care Homes	0		Amount of Reimbursement		\$0.00

Carry to Claim Form Part A and Part C

7b

STEP III Attach a list of the Day Care Homes operating this month.
Attach a list of Day Care Homes which have discontinued participation.

Child and Adult Care Food Program**Instructions**

Complete one worksheet and attach it to your Family Day Care Homes Claim for Reimbursement Form.

STEP I**Actual Cost and Administrative Budget**

- 1st Column** Enter the Approved Administrative Budget from your approved agreement.
- 2nd Column** Enter the Year-to-Date amount from last month's Administrative Worksheet. Administrative expenses run from October through September. The month of October would have a 0 Balance Forward.
- 3rd Column** Enter the current month's actual administrative costs. All receipts, invoices, and evidence of purchase must be retained for future audit for 3 years beyond the year to which they pertain.
- 4th Column** Enter the total of Balance Forward and Current Month to obtain Year-to-Date. Excel does this calculation

Program income includes any (1) income from adults for the food service only, (2) the value of any contributions, or (3) any other income for food service only.

Add columns down, subtract any program income and then carry totals to Claim Form Part C. Excel

Add columns down, subtract any program income and then carry totals to Claim Form Part C. Excel does this all.

STEP II**Current per Home Reimbursement**

Enter the number of Day Care Homes that operated during the month in the first column

Multiply the number of Day Care Homes by the rate of reimbursement printed on the form. Excel does this calculation.

For example, if you have 235 homes operating during the month; your reimbursement would be:

50 x	\$91.00	=	\$4,550.00
150 x	\$69.00	=	\$10,350.00
35 x	\$54.00	=	\$1,890.00
Amount of Reimbursement			\$16,790.00

Carry total dollar amount to claim form Part C (7b). Excel does this for you.

This total of homes claimed must be equal to the number of homes reported in Part a by home types of Tier 1, Tier 2 no eligible, Tier 2 all eligible, and Tier 2 mixed homes.

STEP III

Attach a list of the Day Care Homes sponsored by your agency that are operating this month. Include the number of meals served and dollar amount claimed per provider.

Also, attach a list of Day Care Homes which have discontinued participation in the Program.

Distribution:

Original or Fax to the Office of Finance and Management.

Copy is to be retained in the local agency's files.